

Rec'd PCT/PTO 10 FEB 2005



Docket No.: 584542000100
(PATENT)

3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Quentin KING

Serial No.: 10/510,381

Filing Date: October 5, 2004

For: SYSTEM FOR PROVIDING TACTILE
STIMULATION IN RESPONSE TO A
PREDETERMINED ALARM CONDITION

Examiner: Not Yet Assigned

Group Art Unit: Not Yet Assigned

**SUBMISSION OF DECLARATION PRIOR TO RECEIPT OF NOTIFICATION TO FILE
MISSING REQUIREMENTS UNDER 35 USC 371**

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Given that applicant has appointed new counsel, applicant respectfully submits prior to receipt of the Notification to File Missing Requirements under 35 USC 371, an executed Declaration and a fee transmittal authorizing payment of \$130 for the late submission surcharge. Applicant also submits a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.

02/15/2005 SNAJARRO 00000106 031952 10510381

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va-91741

In the event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief is required, applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952**, referencing 584542000100.

Dated: February 10, 2005

Respectfully submitted,

By 

Barry E. Bretschneider

Registration No.: 28,055

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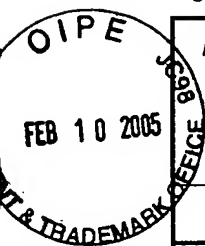
Receivable PCT/PTO 10 FEB 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number 10/510,381
Filing Date October 5, 2004
First Named Inventor Quentin KING
Examiner Name Not yet assigned
Art Unit Not yet assigned
Attorney Docket No. 584542000100

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	FEE (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	-20	0
Extra Claims	0	x
Fee (\$)	0.00	=
Fee Paid (\$)	0.00	
Multiple Dependent Claims	0.00	
Fee (\$)	0.00	
Fee Paid (\$)	0.00	

HP + highest number of total claims paid for, if greater than 20

Indep. Claims	-3	Extra Claims	0	x	Fee (\$)	0.00	=	Fee Paid (\$)	0.00
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HP + highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	- 100 =	Extra Sheets	/ 50 =	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
				(round up to a whole number) x		

4. OTHER FEE(S)

Other: Late oath or declaration Surcharge, \$130 fee (no small entity discount) \$130.00

SUBMITTED BY

Signature  Registration No. 28,055 Telephone 703-760-7743
Name (Print/Type) Barry E. Bretscheider Date February 10, 2005

DT07 Rec'd PCT/PTO 10 FEB 2005

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/510,381
	Filing Date	October 5, 2004
	First Named Inventor	Quentin KING
	Art Unit	Not yet assigned
	Examiner Name	Not yet assigned
Total Number of Pages in This Submission	Attorney Docket Number	584542000100

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Submission of Declaration Prior to Receipt of Notification to File Missing Requirements (2 pages) Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page) Declaration for Utility Application (2 pages) Declaration and Power of Attorney (2 pages) Information Disclosure Statement (2 pages) PTO/SB/08 (1 page) Copies of references (6)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Barry E. Bretschneider - 28,055
Signature	
Date	February 10, 2005